

IT Corporation of North Carolina, Inc.

2200 Gateway Centre Boulevard, Suite 205 Morrisville, NC 27560-9122 Tel. 919.467.2227 Fax. 919.467.2299

A Member of The IT Croup

January 24, 2001

Ms. Melanie Wells **DWM Winston-Salem Regional Office c/o Guilford County Environmental Health**1100 E. Wendover Ave.

Greensboro, NC 27405

RE: Status of Public Notice

Former Summit Avenue Sunoco Station

1103 Summit Avenue

Greensboro, Guilford County, North Carolina

Groundwater Incident # 10141 Low Risk Classification DUNS# 0276-0007

Dear Ms. Wells:

In accordance with the public notice requirements of 15A NCAC 2L .0115(k) IT Corporation of North Carolina (IT Corp), on behalf of Sun Company, has sent copies of the November 21, 2000 letter of 'Notice of No Further Action' to the appropriate persons associated with the above referenced site. A copy of the Notice of No Further Action letter for the Summit Avenue site was forwarded by Certified Mail or Airborne Express to the following: 1) the property owners and occupants identified in **Table 1**, 2) the Guilford County Health Department, and 3) the Greensboro City Manager.

IT Corp has received all of the certified mail return receipts with the exception of two returned from adjacent properties. Additional information was obtained for the return receipts that had not been received. One of the properties had no occupant and the other had changed owners. Public Notice was issued to the correct property owner by Airborne Express and confirmation of delivery was retrieved from the Airborne Express internet site.

According to the Notice of No Further Action, proof of receipt of the copies of the notice are to be provided to the DMW Winston-Salem office within 60 days of receipt of the notice by responsible party. As such, IT Corp is providing proof of receipt by Certified Mail and Airborne Express. A copy of the Notice of No Further Action letter and copies of the signed Certified Mail receipts and Airborne Express confirmation of delivery are included in **Attachment A**.

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A Member of The IT Group

IT Corp, on behalf of Sun Company, applied for Pre-Approval for well abandonment activities at the Summit Avenue site on January 16, 2001. Pending Pre-Approval and unless directed by the DWM Winston-Salem office to do otherwise, well abandonment activities will take place on February 19, 2001. A Site Map is provided as **Figure 1**. If you have any questions or need additional information please call Elizabeth Van Fleet at (919) 467-2227, ext. 225.

Sincerely,

The IT Corporation of North Carolina, Inc.

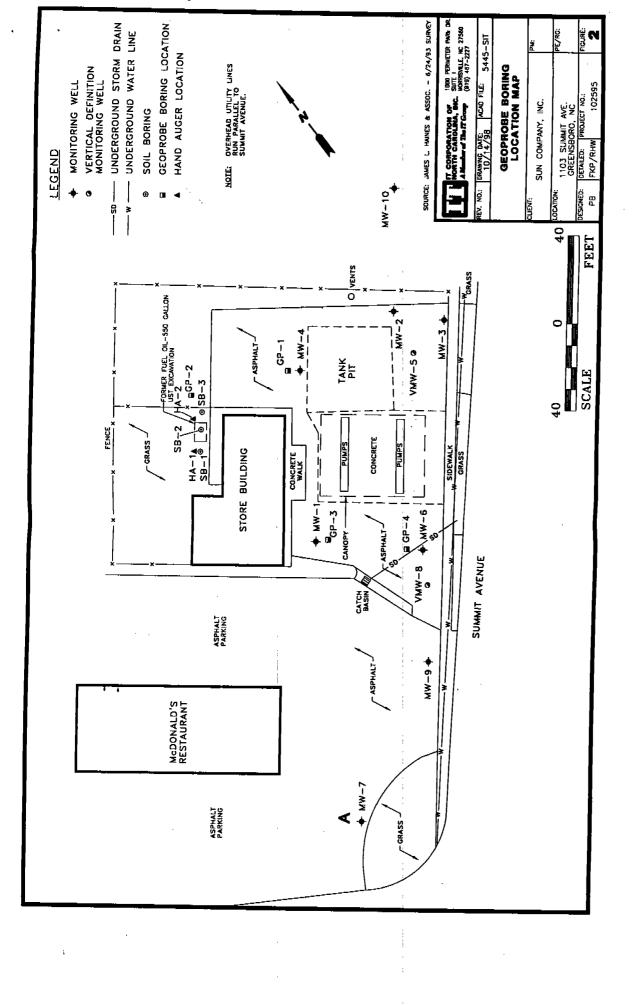
Elizabeth B. Van Fleet Environmental Scientist

Steve Brown Project Manager

Attachments

cc: Dan Shine – Sun Company

Files



# Table 1 Property Owners and Occupants Contiguous to Site Updated on January 9, 2001

## Former Summit Avenue Sunoco 1103 Summit Avenue Greensboro, NC Duns #0276-0007

Tax ID	Owners Address	Occupant Address	Direction Relative to Site
0250-0003-006 (Site)	Mid-State Petroleum 1820 South Main Street Lexington, NC 27292	Summit Avenue Citgo 1103 Summit Ave. Greensboro, NC 27405	Site
0250-0003-007	Ben B. S. and Zallo Simmons 633 Mystic Drive Greensboro, NC 27406	Occupant 1107 Summit Ave. Greensboro, NC 27405	North and Northwest
0250-0003-004	Property Owner 1621 Round Hill Circle Kernersville, NC 27284	McDonald's 1101 Summit Ave. Greensboro, NC 27405	South and Southwest
0250-0003-002	M-192 P.O. Box 14986 Greensboro, NC 27415-4986	No Occupant	West
0250-0003-003	Eller Memorial Baptist Church 1200 4th St. Greensboro, NC 27405	Same as Owner	Northwest
0257-0001-004	Morris Reaves 1041 Summit Ave. Greensboro, NC 27405-7007	Same as Owner	South
0257-0002-039	Libby Hill Seafood 4517 W. Market St. #8 Greensboro, NC 27407-1229	Libby Hill Seafood Resturant 1100 Summit Ave. Greensboro, NC 27405	Southeast
0257-0002-040	Crown Stations, Inc. 1 North Charles St. Baltimore, Md 21201-3740	Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405	East

ATTACHMENT A



# NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

WINSTON-SALEM REGIONAL OFFICE

# DIVISION OF WASTE MANAGEMENT UST SECTION

November 21, 2000

# CERTIFIED MAIL7099 3220 0002 4081 7020 RETURN RECEIPT REQUESTED

Sunoco, Inc. Attn: Mr. Daniel Shine 4041 Market Street Aston, PA 19014

> RE: Notice of No Further Action 15A NCAC 2L .0115(h) RISK-BASED ASSESSMENT AND CORRECTIVE ACTION FOR PETROLEUM UNDERGROUND STORAGE TANKS

(former) Summit Avenue Sunoco 1103 Summit Avenue Guilford County Incident No.10141 Low Risk Classification

Dear Mr. Shine:

On November 15, 1999, the Division of Waste Management (DWM) Winston-Salem Regional Office received a Soil Cleanup Report with Site Closure Request for the above-referenced site. A review of the report shows that soil contamination does not exceed the industrial/commercial maximum soil contaminant concentrations established in 15A NCAC 2L .0115(m) or the soil cleanup levels established by the Department in the "Groundwater Section Guidelines for the Investigation and Remediation of Soil and Groundwater" (March 1997)]. A review of the Soil Cleanup Report with Site Closure Request also shows that contaminated groundwater does not exceed gross contamination levels that were established in 15A NCAC 2L .0115(g).

Based on information provided to date, the DWM determines that no further action is required for this incident. This determination is conditional pending



completion of the public notice specified below. Once proper public notice has been given, this determination will apply unless the DWM later determines that the discharge or release poses an unacceptable risk or a potentially unacceptable risk to human health or the environment.

Please be advised that because contaminated groundwater has not been restored to the level of the standard or interim standard established in 15A NCAC 2L .0202, groundwater within the area of contamination or within the area where contamination is expected to migrate, is not suitable for use as a water supply. Also be advised that because contaminated soil was not cleaned up to the residential maximum soil contaminant concentrations, the property containing soil contamination is not suitable for residential use (e.g., homes, day care centers, schools, recreation areas).

Pursuant to 15A NCAC 2L .0115(e), you have a continuing obligation to notify the DWM of any changes that you know of or should know of, that might affect the level of risk assigned to the discharge or release. Such changes include, but are not limited to, changes in zoning of real property, use of real property or the use of groundwater that has been contaminated or is expected to be contaminated by the discharge or release, if such change could cause the DWM to reclassify the risk. Please note that this responsibility not only pertains to changes involving the property on which the release occurred, but to changes involving the surrounding properties as well.

Please be advised that you must comply with the public notice requirements of 15A NCAC 2L .0115(k) as specified below. If public notice is not provided as required, this no further action determination will be deemed invalid. Within 30 days of receipt of this no further action notice, you must provide a copy of this notice to the following persons:

- local health director;
- chief administrative officer (i.e., Mayor, Chairman of the County Commissioners, County Manager, City Manager or other official of equal or similar position) of each political jurisdiction in which the contamination occurs;
- all property owners and occupants within or contiguous to the area containing contamination; and
- all property owners and occupants within or contiguous to the area where the contamination is expected to migrate.

Copies of this no further action notice must be sent to the persons listed above by certified mail. If it is impractical to provide notice by certified mail to the occupants of apartment buildings, condominiums, office buildings, etc., you may post a copy of this notice in a prominent place where the occupants are most likely to see it.

Within 60 days of receiving this no further action notice, you must provide the DWM Winston-Salem Regional Office with proof of receipt of the copy of the notice or of refusal by

the addressee to accept delivery of the copy of the notice. If a copy of the notice is posted, you must provide the DWM with a description of the manner in which the notice was posted.

Interested parties may examine the Soil Cleanup Report with Site Closure Request by contacting Mr. Phil Bradley, Staff Geologist with IT Corporation of North Carolina, Inc. at (919) 467-2227. In addition, the DWM Winston-Salem Regional Office has the Soil Cleanup Report with Site Closure Request along with other site information on file and available for public review. Interested parties may arrange to review this information by contacting the regional office as listed below. In addition, comments on the Soil Cleanup Report with Site Closure Request may be submitted to the regional office.

DWM Winston-Salem Regional Office c/o Guilford County Env. Health Attn: Melanie Wells 1100 E. Wendover Ave., Greensboro, NC 27405 (336) 373-3771

Please be advised that you must close any monitoring wells or injection wells used to investigate or remediate this incident in accordance with 15A NCAC 2C .0113 and .0214, respectively. For guidance on closure of infiltration galleries, please contact the Winston-Salem Regional Office.

Should you have any questions concerning this notice, please contact Melanie Wells at (336) 373-3771.

Sincerely,

Cindy H. Rintoul Regional Supervisor

Attachments: 15A NCAC 2C .0113

15A NCAC 2C .0214 Well Abandonment Form

cc: Fay Sweat Incident No. 10141-Central Office

Guilford Co. Env. Health

**WSRO** 

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### SHIPMENT TRACKING REPORT

Airbill Number: 9485890433

1/16/01 at 2:04:19 PM



30 80 Y 962 SEATTLE 10/2 38-11

#### **Shipment Status**

Picked Up:

01/09/01 Shipper's Door

Status:

Delivered.

GREENSBORO, NC 01/11/01 12:35 PM

Delivery Attempted. If you are the receiver please call 1-888-273-8876. Please call 1-800-247-2676 ONLY if you are the

sender.

GREENSBORO, NC 01/10/01 12:55 PM

Arrived at Airborne.

GREENSBORO, NC 01/10/01 05:56 AM

Left Airborne.

RALEIGH-DURHAM, NC 01/09/01 06:57 PM

Note: Status times reflect the time zone where the update took place.

Cities reflect the Airborne terminal servicing the area.

**Delivered To:** 

Left with Receptionist

Signatory:

**R SUMMERS** 

Shipper

Receiver

IT CORPORATION OF NC

**MORRIS REAVES** 

MORRISVILLE, NC 27560

GREENSBORO, NC 27405

### **Shipment Detail**

Service: Second day

Ship Type: Letter Express

Weight:

**Description:** 

Pieces: 1

Reference: 102595 06608200

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2200 GATEWAY CENTRE	BLVD	Paid in Check Advance No.	Amount	Assumed Express unless noted.  (Letter - 150 lbs)
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ENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Summit Avenue Crown 1102 Summit Ave.  Greensboro, NC 27405  Article Number (Copy from service label)  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  B. Date of Delivery  A. Received by (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  Angent  Angent	ENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Summit Avenue Crown 1102 Summit Ave. Creensboro, NC 27405  Article Number (Copy from service label)  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  A. Received by (Please Print Clearly)  B. Date of Delivery  Addressed  RTIFIED MAIL RECEIPT  estic Mail Only; No Insurance Coverage Provided)  on To:  What Addressed to:  What Addressed to:  Postage S 55  Certified Fee ment Required)  A Received by (Please Print Clearly)  Addressed  D. Is delivery address different from item 1? Tes  If YES, enter delivery address below:  D. Is delivery address below:  Postage S 55  Certified Fee ment Required  A Recurred Mail Required  Required  A Received by (Please Print Clearly)  B. Date of Delivery  Extra Mail Only; No Insurance Coverage Provided)  The strict Mail Only; No Insurance Coverage Provided on Total Country  Addressed  A Received by (Please Print Clearly)  B. Date of Delivery  Extra Mail Only; No Insurance Coverage Provided  On Total  Postage S 55  Certified Fee ment Required  A Delivery Fee ment Required  A Received Delivery Fee ment Receipt for Merchandise  A Received Delivery Fee ment Receipt f	ENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Summit Avenue Crown 1102 Summit Ave. Creensboro, NC 27405  Article Number (Copy from service label)  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  A. Received by (Please Print Clearly)  B. Date of Delivery  Addressed  RTIFIED MAIL RECEIPT  estic Mail Only; No Insurance Coverage Provided)  on To:  What Addressed to:  What Addressed to:  Postage S 55  Certified Fee ment Required)  A Received by (Please Print Clearly)  Addressed  D. Is delivery address different from item 1? Tes  If YES, enter delivery address below:  D. Is delivery address below:  Postage S 55  Certified Fee ment Required  A Recurred Mail Required  Required  A Received by (Please Print Clearly)  B. Date of Delivery  Extra Mail Only; No Insurance Coverage Provided)  The strict Mail Only; No Insurance Coverage Provided on Total Country  Addressed  A Received by (Please Print Clearly)  B. Date of Delivery  Extra Mail Only; No Insurance Coverage Provided  On Total  Postage S 55  Certified Fee ment Required  A Delivery Fee ment Required  A Received Delivery Fee ment Receipt for Merchandise  A Received Delivery Fee ment Receipt f		4. Restricted Delivery? (Extra Fee) Yes	No, or PO Box No. 1
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Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Summit Avenue Crown 1102 Summit Ave.  Greensboro, NC 27405  Service Type  Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Reservice   Return Receipt for Merchandise   Reservice   Return Receipt   Return	Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:    Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405	Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:    Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405	Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery	
So that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405  3. Service Type  Certified Mail  Registered  Insured Mail  Registered  Insured Mail  Restricted Delivery? (Extra Fee)  Article Number (Capy from service label)  C. Signature  X. Magent  Adversee  D. Is delivery address different from item 1? Tes  Postage \$ 5.55  Certified Fee	So that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:    Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405     Service Type	So that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:    Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405     Service Type		112515	estic Mail Only: No Insurance Coverage Provided
Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:    Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405	Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:    Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405   Service Type   Serv	Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:    Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405   Service Type   Serv		C.\Signature	
Article Addressed to:    D.   Is delivery address different from item 1?   Yes     If YES, enter delivery address below:   No     Summit Avenue Crown   1102 Summit Ave.   Greensboro, NC 27405     3.   Service Type     Express Mail     Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.     Article Number (Copy from service label)   Article Number (Copy from service label)   No   Onton item 1?   Yes     D.   Is delivery address different from item 1?   Yes     If YES, enter delivery address below:   No     Postage   S	Article Addressed to:    Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405   Service Type   Summit Ave. Greensboro   Service Type   S	Article Addressed to:    Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405   Service Type   Summit Ave. Greensboro   Service Type   S	Attach this card to the back of the mailpiece,		
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1102 Summit Ave.  Greensboro, NC 27405  3. Service Type   Certified Mail   Express Mail   stage & Fees   3.70     Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   Article Number (Copy from service label)  Article Number (Copy from service label)  Here    In Receipt Fee ment Required   1.35     Receipt Fee ment Required   1.35     Registered   Return Receipt for Merchandise   stage & Fees   3.70     Article Number (Copy from service label)    Article Number (Copy from service label)	1102 Summit Ave.  Greensboro, NC 27405  3. Service Type   Certified Mail   Express Mail   Express Mail   Stage & Fees   S. 70     Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   Article Number (Copy from service label)  Article Number (Copy from service label)  Here  Here  Here  Here  Here  Here  Here  Here  1. 15    Resceipt Fee ment Required)   1. 15   Stage & Fees   S. 70     Restricted Delivery? (Extra Fee)   Yes   It No.: or PO BoxyNo.   2014   20	1102 Summit Ave.  Greensboro, NC 27405  3. Service Type   Certified Mail   Express Mail   Express Mail   Stage & Fees   S. 70     Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   Article Number (Copy from service label)  Article Number (Copy from service label)  Here  Here  Here  Here  Here  Here  Here  Here  1. 15    Resceipt Fee ment Required)   1. 15   Stage & Fees   S. 70     Restricted Delivery? (Extra Fee)   Yes   It No.: or PO BoxyNo.   2014   20	Summit Avenue Crown		
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Article Number (Copy from service label)  Registered Return Receipt for Merchandise label  Insured Mail C.O.D.  Restricted Delivery? (Extra Fee) Yes  It No.: or PO BoggNo.  OR HUMBER (Copy from service label)  OR HUMBER (Copy from service label)	Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   Asserticed Delivery? (Extra Fee)   Yes   It. No., or PO BoxyNo.   Article Number (Copy from service label)   1987   100	Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   Asserticed Delivery? (Extra Fee)   Yes   It. No., or PO BoxyNo.   Article Number (Copy from service label)   1987   100	01 0011000010, 110 27 400	3. Service Type	nent Required 1. 35
Article Number (Copy from service label)    Restricted Delivery? (Extra Fee)   Yes	Article Number (Copy from service label)    Registered   Return Receipt for Merchandise   asse Print Clearly) (to be completed by mailer)   A Restricted Delivery? (Extra Fee)   Yes   t. No.; or PO BoxyNo.   Automatic Automatic No.   21405	Article Number (Copy from service label)    Registered   Return Receipt for Merchandise   asse Print Clearly) (to be completed by mailer)   A Restricted Delivery? (Extra Fee)   Yes   t. No.; or PO BoxyNo.   Automatic Automatic No.   21405			Stans & Food \$ 3 70
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Received by (Please Print Clearly)  B. Da  U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)
Attach this card to the back of the mailpiece, or on the front if space permits.	Article Sent To:
Article Addressed to:	D. Js delivery address different from item 1? [ ] Sulford to Health slipt  If YES, enter delivery address below: [ nu Postage \$ 55
Guilford County Healthy Dept. Environmental Health Branch	Certified Fee 1 40 Postmark Return Receipt Fee Here
Attn: Eric Ireland 1100 E. Wendover Greensboro, NC 27405	3. Service Type
. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)  Street, Apt. No.; or PO Box No.
	City, Statey ZIP+4
S Form 3811, July 1999 Domestic R	eturn Receipt 1025\$ PS Form 3800, July 1999 See Reverse for Instru
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery    7
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Greensboro City Hall Greensboro City Manager Attn: Ed Kitchen	Postage \$ 50  Certified Fee / 40  Postmark  In Receipt Fee ent Required)
301 W. Washington PO 3135 Greensboro, NC 27402	3. Service Type    Certified Mail   □ Express Mail   □ Registered   Return Receipt for Merchandise   Stage & Fees   S. J. D
	A Restricted Delivery? (Extra Fee) ☐ Yes 'd K//(K/N)
. Article Number (Copy from service label)	1074 t. No.; or PO Box No. 102595-00-M-0952 t. No.; or PO
S Form 3811, July 1999 Domestic I	Return Receipt 102595-00-M-0952 UNDER NC 21461